

POSITION	INITIALS	ID NO.	DATE
<b>BEST AVAILABLE COPY</b>			
<b>FEES DETERMINATION</b>	KSD		
<b>O.I.P.E. CLASSIFIER</b>			10/30/01
<b>FORMALITY REVIEW</b>	EP	1108	11/8/01
<b>RESPONSE FORMALITY REVIEW</b>	JSP	1027	03/14/02

**INDEX OF CLAIMS**

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 — (Through numeral)... Canceled A ..... Appeal  
 ÷ ..... Restricted 0 ..... Objected

Claim	Date
Final	
Original	7/21/04
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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953  
11-09-01